

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

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Mary Lou Gertz R.N.
Interviewee (signature)
6-24-87
Date

Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans.
Austin: Texas Historical Commission. p. 64.

This is Joyce A. Finch, Ph.D. Today is June 24, 1987. I'm interviewing for the first time Mrs. Mary Lou Gertz. This interview is taking place in her office at 2333 West Broadway in Mesa, Arizona.

This interview is sponsored by the Arizona State University College of Nursing and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF I said I would just go along in a somewhat sequential fashion, so we might begin then with your education. What year did you graduate?

MG 1947.

JF 1947. So you were probably in the Cadet Corps for the entire three years.

MG Yes, I was.

JF What was your school of nursing?

MG St. Luke's Hospital in Davenport, Iowa.

JF My goodness, I trained at Moline Hospital over in Moline.

MG I was going to go to Moline, I had even sent in my credentials, but my parents lived five blocks from St. Luke's. With the War on and getting transportation back and forth, I said, "Well, I guess I'll go to St. Luke's because that way I can visit when I do have a few hours and bring the girls from out of town home to visit."

JF That sounds very sensible.

MG Otherwise, you and I would have been in the same class.

JF That's right.

MG I would have preferred to have gone to Moline, I think, because I felt it was a little larger hospital. But, I enjoyed a small hospital. We only had 85 beds.

JF I was going to ask you about how large it was. Now, how large was your class, then?

MG Twenty-seven entered and twenty-one graduated.

JF So a little attrition, but not a lot.

MG Yes.

JF Did you have any affiliations at a college in Davenport when you were in nursing school?

MG No. They did right after; the class right after ours went over to Marycrest for their chemistry and some of those subjects, but we had our same high school teacher that I had for chemistry. He taught up there at the school, and I got to be his assistant because I got A's in chemistry. That was enjoyable.

JF That was kind of a treat, wasn't it -- a good honor?

MG Yes.

JF Did you have any hospital affiliations then during your education?

MG Yes, in our senior year we had three months in Cincinnati Children's Hospital and three months down in St. Louis at St. Louis City Psychiatric Hospital -- good old Bliss. What an awakening after coming from Iowa cornfields.

JF What kind of an awakening did you get?

MG Well, they taught us what little psychiatry we had before that to handle abusive patients. Well, you had no tranquilizers, none of those things then that we have now. We got all of these men right out of the War so called "shell shocked" and that type of thing, war casualty -- mentals. They would bring them right there, and they would teach us; like you would put their arms behind their back and walk them down the hall. That worked fine on my best girlfriend [in demonstration], but we'd go down there and they'd throw chairs, and oh, boy!

JF Was this a veterans or military hospital?

MG No, it was the city hospital, but it had 450 patients there.

JF That seems unusual that you would be getting war-related injuries in a city hospital.

MG Well, they were mental. These were just in the Psychiatric Ward. They would put them there and it always takes paperwork for the government, so whenever they had problems in the community they'd bring them there to the city hospital first. Then the military, I suppose, would get the paperwork through and then they would go out. So we didn't have them there too long. But we would get them. It was interesting.

JF Oh, I bet. Now, one of the provisions of the Bolton Act which funded the Cadet Corps was that seniors might have an experience elsewhere than their home hospital for the last six months. Did you do anything like that?

MG Nothing military. As close as we got was that psychiatric, down in St. Louis, and Peds in Cincinnati.

JF Now, is that what you did do in your last six months, these affiliations?

MG Yes, our senior year. See, we graduated in June. So we were in Cincinnati, I think, it was December, January and February, and then the end of March, and then April, May and the first part of June made the three months.

JF So you graduated out of that hospital in St. Louis then?

MG No, we went back home, and we were back home. We had to still put in about three months of time, so we officially weren't done until October because our class was late getting started. They had administrative changes when we went in. So, instead of going in the first of September like we were supposed to we didn't go in until October.

JF I see. Alright, so those last months after you finished up your psychiatric affiliation what did you do back in your home hospital?

MG Well, now I was in charge. I worked a lot of nights, 11 to 7, and I'd be in charge of a surgical floor or a medical floor with the hospital supervisor over me. We had a lot of responsibility, although they always dwelled on your patriotism, you know ... And that was one reason I went into nursing -- the War was on and I could help. I was too young at eighteen to go in, so that was one reason I went in [to nursing].

JF Did you feel prepared at that time for that responsibility that you had being in charge on nights?

MG Well I think so, I think so. They worked with you. It was a small hospital. I enjoyed it, you know. The supervisor was right there with you, you know, through the training. Just like when I had OB, she said, "Plambeck have you checked any OB's?" I said, "No Ma'am." She said, "I'm going to show you now." And boy, then you learned; she was right there and so we learned. We gave drop ether with the doctors and nurses. They taught you how and they said, "Alright, now you can do it."

JF Okay, then how did the Cadet Corps make a difference in your nursing education?

MG I probably wouldn't have gone into nursing if it wouldn't have been for the War and that program. I was always interested in science. I was always taking science and math, those type courses, because I wanted to go to college. I enjoyed chemistry and research work, that type of thing.

So the nursing did help fulfill a lot of that. And I enjoyed people, loved people.

JF Did you perceive that the actual education and experiences that you got were any different than they would have been if you had not been in the Cadet Corps?

MG No, I think they speeded up the amount of time we had to take the courses, the schooling. You know, instead of taking the whole year for anatomy I think we got it in six months, or I don't remember just when. But I know we had it speeded up, but we still took the same State Board Exams. Our instructors were very thorough. This was one of the old schools yet; you probably had some of those over at Moline. You studied. We had very little free time.

JF That's true. Okay, so you did then finish up the program at St. Luke's and you were a graduate nurse in October of 1947.

MG Yes, that's right.

JF What did you do then? What was your first job like?

MG Well, I worked on the floor. I was just a floor nurse and then you rotated shifts. Usually I worked Surgical.

JF Was that your choice?

MG I liked Surgical. I liked OB too, but they needed somebody on Surgical. So, somehow or other I always got in on a lot of 11 to 7.

JF There was a lot of that going around, and still is.

MG Well, not by choice. Now I think the people get to choose it, because with family and all that. But they needed somebody then, I guess, who could do everything, that they could depend on. Some of the girls in the class they wouldn't have. You know, they were usually Second Nurse instead of Head Nurse.

JF So you apparently did a lot of charge duty work on shifts then during that period.

MG Yes.

JF How long did you do that?

MG I just worked for a year, then I had the children. We had a country grocery store then, too.

JF So you were married at that time?

MG Yes.

JF And your first child must have been born in '48?

MG Yes.

JF Were you out of nursing during that time?

MG No, in Iowa you had to work thirty days a year. That's what the requirements were, to keep your RN up [to date]. So, I worked at least my thirty days. Then for the nine years after that I was in Iowa I'd work the thirty days, usually relieving. Well, in Davenport I would relieve private duty nurses, because they didn't have Intensive Care Units. I had several friends who were private duty nurses so I'd usually go in like on a weekend -- Friday and Saturday or Saturday and Sunday.

JF So these didn't have to be consecutive days?

MG No, they just said thirty days a year. And then, for the last two years of those ten years I worked. We were out in the western part of Iowa in a little town, Audubon. I would go into the hospital there and be relief for them.

JF Just for the hospital?

MG Yes, just for the hospital.

JF Would that be like a small hospital?

MG Yes, it was a small town hospital.

JF Maybe fifty beds, or something like that?

MG Yes, about fifty beds. I'd usually work nights and I'd be the supervisor, relief supervisor.

JF Oh, so you would be over the whole shebang?

MG Yes.

JF That sounds like that would cover going into the Pharmacy for emergency meds and any emergencies that rolled in.

MG Yes.

JF That sounds like a pretty responsible position.

MG Oh, yes. Well, in these small towns they didn't have a choice of people either, you know, there were very few. It was a farming community and there weren't too many around. Well, you got to know the nurses and doctors in town.

JF Sure.

MG Then one, I think he was Chief of Staff, belonged to our church and he encouraged me to come work at the hospital. So that's what I did.

JF How many children did you have during that period?

MG Four sons. They were all delivered at St. Luke's. Friends came to take care of me. So did the OB nurse; I worked under her.

JF Well, that sounds like rural Iowa.

MG Yes.

JF So, you worked mainly to keep your license in force during that period?

MG Yes, and to keep up with it, because like I said you never know. As it ended up we moved down here to Arizona for my husband's health ten years after we were married. My ace in the hole was I had an RN.

JF So you came here then about 1957?

MG 1957.

JF And you got licensed to practice nursing in Arizona, it sounds like, right away?

MG Yes.

JF And then you worked?

MG Yes, reciprocity, they had reciprocity. I started over at Tempe Hospital, Tempe Community.

JF Oh, that's the one that's now Tempe St. Luke's?

MG It's Tempe St. Luke's; it was Tempe Community then.

JF How big was that hospital?

MG Oh, let's see, what did we have? About 45 beds plus, I think, nine or ten in Pediatrics when I started there.

JF And did you work full-time?

MG Oh, I surely did.

JF And what was your job there?

MG I was 3 to 11 supervisor. I worked for several weeks with the Director of Nurses on 7 to 3 before I went in, to orient and all that sort of thing. Then I also worked with the Pharmacist awhile, so that I could dispense the drugs. But

at least in nurse's training, I had also been the Pharmacist Assistant at our training hospital. She had me help her. That was back in the days when you had the scales and you put the little papers on and the powder. They don't do that much anymore. You had to fill all the capsules; you had to make all the solutions -- the potassium permanganate and the things they don't hear about these days.

JF Well, this is true because I was just thinking of unit doses and things come in bottles, and already prepared, and all of that mixing.

MG Yes, and when I started at Tempe Hospital -- like the cough syrups that the different doctors would want, you know. You really mixed them, and the various things for dyspepsia or diarrhea, whatever. They had their little things they liked, and so you really did some mixing. We don't have that anymore. Now they get their Robitussin with six different kinds.

JF Now, that's very interesting. I had kind of forgotten some of those mixing and stirrings, those activities.

MG Well, I got in on a lot of that by having helped the Pharmacist back in training, and then coming in to this little hospital again where you get a lot of responsibility.

JF Well, I suppose that Tempe Hospital was kind of like rural almost in those days.

MG Oh, yes. Broadway was the end of town practically.

JF Okay.

MG Yes, Broadway was the end of town. I think it was in '58 that Tempe was 8,500 population and the college had 8,500.

JF And it was still a college in those days?

MG Well, we still forget and call it a college, you know.

JF How long then did you work as Evening Supervisor there?

MG For 22 years.

JF Twenty-two years, so that takes you up about ...

MG Eight years ago, I think. Yes, eight years ago.

JF Let's see, 1979?

MG 1979.

JF You must have seen a fair amount of change in that hospital over those 22 years.

MG Oh, I should say, I should say.

JF It's much larger now.

MG Yes, they're enlarging it now that St. Luke's is taking it over. It was a Seventh Day Adventist Hospital, privately owned. It was owned by Dr. Von Pohle -- his real name. We called him Pohle. And he had bought that; it was a farmhouse during the War. He bought that just to deliver OB's because he was running all over delivering and he had a lot of the fellas from the Base whose wives would be living in town and have the babies. They would be afraid they couldn't make it down there, or they maybe didn't want military hospital. So he'd take care of them. So he built that for an OB hospital, and then right after the War he added Surgery and made it a full hospital. It was supervised, I guess, by the Seventh Day Adventist Conference. Then they bought it.

JF How was it different by being a Seventh Day Adventist supervised hospital?

MG Well, they were very health oriented, I would say. They were very good with physiotherapy; we gave a lot of hot packs, good backrubs, patient care. The diet -- they didn't eat meat, which they're coming around to now, not eating so much of the meat. It was a kind of a thorn in the side for the people in the community. They didn't like it because they couldn't have their coffee and their meat when they'd go there. So, we had to give extra care, individual care for the people to want to come there. It was a fight through the years. When they built Desert Sam over here [in Mesa]. Elmer Bradley was Mayor and he really wanted to get the hospital over there [in Tempe]. I helped deliver his three kids, he went to Dr. Pohle. They were community people, but they couldn't come together -- I don't know; a political thing, I'm sure.

JF I'm sure.

MG So we had to give care, and I just ran into a couple that came to our shop yesterday that had been patients there off and on through the years, and they said that was the one reason they went there, because they got care. They said the people were interested in you. We did have to call in the specialists -- the chest surgeons, or whatever; the bone men and that.

JF Were the physicians pretty good about consultation when it was required?

MG Well, in those days everybody did more than they do now. Now they're all suing them. There are some of these doctors

that have delivered more babies than any of these OB men. I think Dr. Poley delivered 9,000.

JF That's a lot of babies.

MG Oh yes. We delivered three in 51 minutes one time. Now with this insurance thing more and more have dropped doing all the things. They just won't do anything. They'll just take care of a sore throat, and maybe an ingrown toenail.

JF Yes, it's very troublesome.

MG Yes it is.

JF Well, the hospital -- was it still in the farmhouse when you went there?

MG They had part of it. It was like a ranch house. They had the fireplace there, that was the front lobby. But they had added on, so they had a kitchen and everything that they had added on.

JF Was there any part of that original structure?

MG They just tore it down this very year. They had added on a medical wing to the west awhile after I'd started there. It was a nice, new medical wing. And I think they have their drug rehabilitation down there or something like that.

JF So, about how large was the hospital when you left there in '79?

MG Sixty-five beds, I guess.

JF So, not a huge growth, but when you start with 45, 20 beds is almost 50%.

MG I think it was about 65.

JF What other kinds of changes did you see there in those 22 years?

MG Well, they finally started serving meat, giving people choices. And they always had classes in teaching diet and things like that, but it was very low key. But now, all the hospitals have all this, you know, teaching from the hospitals for the community. So, of course, they've expanded that more than ever, but they always did that. They would have their food classes, their health classes, and their physiotherapy. But not many people went, you know, it wasn't the thing to do like now.

JF Yes, that's really increased in the last fifteen to seventeen years.

MG Well, they always were teaching people the virtues of good health.

JF They were into health promotion.

MG That is right. And they always had their periodicals there that they would hand out.

JF Well, when you were there in that period did you see the beginning of recovery rooms and intensive care units?

MG Oh, yes. Yes, that's what we started, we had that.

JF Were you involved in setting those up?

MG No. I'd go to the classes to learn to read the monitors, because like I say back in those days I felt being supervisor I had to be able to do everything in that hospital at one time - jump in and read the monitors, whatever, which I could do. When I finally quit, one reason I quit was I couldn't keep up with all the new changes where I could do it all, because we'd bought the family business. There's too much to learn, and after having been supervisor so many years it would be hard for me to be put on the floor or desk -- with things changing so fast, you know, to have the old gal sitting there and telling her what to do, that's different. I thought, well I'll just cut it, and that was it.

JF So were you working in the family business simultaneously while you were working 3 to 11?

MG Yes, I would work in the business from 8 to 2:15, then go to work at the hospital from a quarter to 3 to 11:30, 12:00, whenever. Or if the night nurse got sick, then I'd pull a double. Then I didn't work in the family business that day.

JF Well yes, that certainly does sound like a full workload.

MG Oh, sure. I was fortunate; I never needed more than four or five hours sleep up until I hit the mythical age of fifty. Then I started liking more sleep, as the old legs gave out.

JF Yes, age does make a difference, doesn't it? Well, one of the things I was going to ask you -- now, you said you attended some classes?

MG Yes.

JF Were these in-service or did you have other ...

MG They would have in-service at the hospital, and then when the School of Nursing started over at ASU they would have programs that we could attend, and they would have some of them at another hospital, then you'd go to that hospital.

Well, I've always belonged to the district [12], so they always had the brochures and things on continuing education.

JF So that was your primary source of in-service classes?

MG Yes. When the College of Nursing started there, naturally they would generate all these classes. Then, of course, the continuing education started. Well, I was signed into that where I had some hours in that.

JF What kinds of classes were you taking in that?

MG Well, you went into your CPR when that first came out with Dr. Gordon. I think he was the one who set up those classes for Arizona. Then we went over to St. Joe's, I guess it was, where we went for those [classes]. And we got to resuscitate dogs and all kinds of things in those classes. Then we got our card, I guess you'd say, so then we went back to our own hospital where we did teach CPR.

JF Oh, so you were like a certified teacher from those classes?

MG Yes, so I taught CPR until ... Well, I even had the people from the kitchen come in, and I was very proud when one of the kitchen help came and said that her neighbor had fallen in the yard, just like in the movie that they had seen. She couldn't breathe and she pulled the head back, gave mouth to mouth, and resuscitated her.

JF That must have been very gratifying.

MG Yes it was. Well, it was my theory that the more people that knew it, the more chance ... Because, I always taught it to the Boy Scouts; went up to the high school and had a few classes, in their biology classes.

JF It's kind of like you supervised for many, many years.

MG Yes.

JF How did you learn to do that?

MG Oh, I guess experience, you know, and working with the people. Like when I started with the Pharmacy in nurse's training -- the Pharmacist just taught me, although I liked chemistry. I guess when you like things you just do them better. So I'd work with her. Well, she was one of my neighbors, in a little town you know, and a friend, and she took an interest in teaching me that. Then one of our

doctors when he was in surgery, and I would be scrubbing, he'd describe it.

JF One of the people that I interviewed, she used the expression, "We kind of grew into our roles." That seems to kind of encapsulate what happened.

MG Yes, I think so.

JF Now people learn how to do this in kind of formal situations, but in a kind of way the roles were created as we went along. Does that seem descriptive?

MG I think so. When I look back at the gals that graduated with me, most of them that continued very long into the nursing. A few of them got married and never went back, like my sister-in-law. She went back for two weeks and never did again. But those that continued, most of us were in supervisory capacities. Well, now I think there's one up in Des Moines in one of the larger hospitals, but I guess we were a small hospital. The one gal moved to a small community in Arkansas and they had a hospital there. Well, when you get in these small communities, you don't have the manpower that you have in a large community. So, I suppose with having had experience, everybody in our class, most of the time, you'd have the responsibility of the floors somewhere along the line. So they learned a little bit that way.

JF Okay, well now since you left Tempe Hospital then you've been working in this business?

MG Yes.

JF Would you just tell me a little bit about your role here?

MG Well, up to about a year ago I ran the business. I said after running the little hospital for a second shift and taking care of a business, it's pretty much being able to delegate work.

JF Let me just clarify here. This is an interior design studio?

MG Interior decorating, yes. We sell carpet, draperies, we also have our own drapery workroom. We work with a few builders, but doing mainly just private people. We're small. We're just low key.

JF So you ran this business then from '79 to ...

MG Well, I'm still very active, but we have been trying to turn it over to our sons. The one son who was the business major and business manager, and graduated from ASU is the one in charge. One of his little problems is Mother, getting her to conform.

JF Yes, I would imagine.

MG When you've been the big cheese ... When we first had the business I did the bookkeeping, anything that was there. I didn't make the drapes, I couldn't sew, but I could sell. And it's funny, the people that are used to having people tell them what to do. One time the head girl was on vacation and the girls were making a fancy valance, and they said, "We don't know what to do." So I said, "Well, what do you do first?" "Well, we lay the pattern out." I said, "Alright, lay the pattern out." So they did. I said, "Then what do you do?" "Well, then we measure." I said, "Okay, do it." I just walked them through it and they did it fine. I said I couldn't have sewn it like they did. Oh, another thing we did over there, we had nurse's aide classes at Tempe Hospital. One of the other nurses and I decided; well, I think a bunch of the Board decided, we should train our own nurse's aides. Well, they didn't have MCC or very few of those things then. So we had nurse's aide classes. Then we would figure out, another nurse and I, figured out the best procedure to make the beds, etc. We had a procedure book -- how we wanted them to do it. Then we'd give them a little certificate. So I guess that's what I did with the drapery workers; just took them through the steps.

JF When did you set that program up at Tempe Hospital?

MG Well, that was; my goodness, I'd only been there two or three years, something. Maybe '60, something like that.

JF And how long did you teach those classes?

MG Well, it seems like then they started having some schools around or something. You know, it was maybe two, three, four years that we had them. There just seemed to be a need to have the classes, and we'd have them. I even remember how many hours, you know, what day we'd have it. Then we'd take them out and work with the girls on the floor. We'd give them a certificate. It really wasn't worth anything, but if they went someplace else for a job they could say they'd had a six weeks course. We gave them a little bit in diet and things.

JF It's recognition.

MG Yes, recognition.

JF Alright. Well, obviously you have not remained in nursing all of your working life, but when you were in nursing did you like it?

MG I enjoyed it very much. If we wouldn't have had the family business I'm sure I would have stayed in it.

JF It sounds like you had a lot going at one time there.

MG Oh, yes we did, we did; and then with four boys and coming down for my husband's health. But, they were very supportive and when I started work the kids were three, five, seven and nine. I lined them up and said, "Alright now boys, Mom has to go back to work to help so we can eat, and they really need me at that hospital. I have to take care of all those sick people." And they were young enough that I got away with this. And I said, "If I have to come home and paddle you, then there won't be anybody over at that hospital to give them their penicillin shots, or maybe help them eat their supper, and just think those poor people maybe won't get any supper and they won't get better. They might be in a lot of pain, but then I'll have to be here spanking you, so you better be good." And they were, they were real good. Every morning at breakfast, "Oh Momma, how are all the patients?" I'd say, "Well, we had three babies last night and little Johnny down the street came in, we had to sew up his head. He fell down. But they're all better this morning."

JF So they knew about health and medical care, and they were very young.

MG Oh, they were very good. And being a small hospital they would have several family get-togethers where the doctors, the cleaning people, everybody would bring the families. They'd have a picnic and they'd have a Christmas party, things like that. So the kids got to know the people over there. Then I'd have my nurse friends come over and swim at the house, and our kids when they got a little bigger taught their kids how to swim. So it was just one big family. So the kids were very interested, you know, and I think they respected my job and that I worked. That was just what you're supposed to do.

JF How did you juggle all that work and family responsibilities?

MG Well, everybody always hopped to. We always had a lot of company and we liked to do things, we were active in church. So I'd say, "Well, we have to clean the house today and you don't take three or four hours to do an hour and a half job." So they did, the boys all learned how to clean house and cook. My husband always had a job where he worked long hours too. But I worked 3 to 11, because then he'd be there in the evening to take them to their Boy Scouts.

JF So they had a parent around just about all the time.

MG Yes, or then the grandparents, my husband's folks lived down here for six years while they were small, so they'd go there. And one of the main things was they started taking swimming and trampoline lessons from a very tough coach, the old time coaches. They had to be to his place within 20

minutes after school or have a good excuse. So they were well supervised and very supportive. Just like the one that was kidding about, "You better have a lot of tape for her talking." They said, "Are you going to tell them about how you had to tell some of the new ones the difference between shit and shinola?" And they said, "The RN behind all your names means real nasty."

JF So they really stick it to you, don't they?

MG Sure, they have fun. But they respected me and were very supportive.

JF Well, have you ever seen yourself as an innovator or leader in nursing?

MG Well, not in the general nursing, although I really could have if, I'd gone back right after school [ASU] started. Huhnke was one. I can't think of a couple of the other ones, but we belonged to the district. They said, "C'mon, we'll help you." Because they had the grandfather clause where I think you got eighteen or twenty hours from your nursing credits, just to kind of give you a start, I think that's about what it did. I think I maybe could have hacked it. The thing is, your senior year you couldn't work full-time, and I had to work full-time. Even me with my four and five hours sleep, but I thought I could do it. I had my transcripts sent down from my home hospital and everything, ready to do it. We were sitting in our oldest boy's graduation over at Tempe High, and the little one poked me and said, "Mom, just think in six years I'll be graduating, then you'll be rid of us boys." Well, I thought nope, I'm going to be with these kids. That was the deciding factor, I figured I'd better influence them.

JF I did put a question in here if you'd ever seen yourself a leader in the Women's Movement and I think that's kind of a dumb question, because most people think of the Women's Movement as something that emerged in the last fifteen or twenty years -- kind of rowdy, political, that kind of thing that a lot of people don't necessarily want to be associated with. But I didn't actually mean that, I just phrased it poorly. What I had in mind is that before World War II women might work a little bit, you know, but their true vocation, so to speak, was to marry, raise a family. But after World War II women really stopped doing that solely, came out into the workforce. There's really been a big change in women's roles. People who came out at the close of World War II were really a part of that, they actually led that movement. And that's what I had in mind -- if you'd ever seen yourself in the Women's Movement. Not the political part so much, but just the social change that was going on.

MG Oh, individually yes, although like our boys all told me, they said, "Mom, they didn't need to have any formal Women's Movement for you, you always made your own." And I think this was the nursing. When you're a nursing supervisor, you know, you're just used to asserting yourself, although you're used to doing things for others, though, too. I mean, I think that's a two-way street. You know, you can still be doing your thing and be independent for what you want to be. Now, like if I would have wanted to have gone on to school and gotten my degree and taught, I could have.

JF Sure. Yes, it sounds like you made a very conscious choice about what was most important in your life at that time.

MG That's what we had to do. Then we bought the family business because we had these four sons, and they all worked for us, earned their way through ASU. And we didn't cut them any slack, though, the employees will tell you that.

JF Well, this kind of concludes my list of topics that I did want to cover, but before we conclude I just wanted to ask you if you had any further comments about either your nursing education or your nursing career that we didn't cover, but you think we should have.

MG Well no, I think I would say that my nursing education and career was, at that point in time, appropriate. And now, you know, you get older and things are changing and all this suing and everything. I think of all the things that I did as a supervisor in a small hospital. I said: "Boy, I could be sued, for the nurses don't do that" probably a few hundred times. Although, I have a few people running around town that wouldn't be running around town, and I still get a few Christmas cards from a few of those people too, they appreciated that I took care of them the way I did.

JF So you see the nursing role as being much more restricted today?

MG Oh yes, at least from my point of view.

JF Sure.

MG It does me good to go into a hospital, like when my husband had to be in Intensive Care. I really watched the nurses; they didn't know peanuts about me, but I'd watch them. I'd say, "Now, that was a good one, I'm glad that one was taken care of." But I'm hopeful that I still see a few, you know like the old-timers say, still see a few that are going to be good nurses. I'm glad; we need them. I always would kid and say, "Here we were used to taking care of people where they had names. By the time I get old and need care I'm going to be a number." I said, "I guess we're going to need an old nurses' home." My husband said, "I don't know who'd want to work there."

JF Well, I want to thank you very much for participating in my study, and this will conclude our interview.

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